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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT ▼ Footlik for Congress Footlik for Congress ADDRESS (number and street) X Check if different than previously reported. (ACC) Vernon Hills CITY ★ STATE ★ STATE ▼ C00435529 3. IS THIS REPORT X (N) OR AMENDED (A)	
ADDRESS (number and street) P, O, Box 5604	
Check if different than previously reported. (ACC) Vernon Hills CITY ▲ STATE ▲ STATE ▼ C00435529 3. IS THIS REPORT X NEW (N) OR III	
Check if different than previously reported. (ACC) Vernon Hills CITY ▲ STATE ▲ STATE ▼ C00435529 3. IS THIS REPORT X NEW (N) OR III	
than previously reported. (ACC) Vernon Hills CITY ▲ STATE ▲ STATE ★ C00435529 3. IS THIS REPORT X (N) OR (A)	
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ C00435529 3. IS THIS REPORT X (N) OR (A) IIL	
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C00435529 3. IS THIS REPORT X NEW (N) OR (A) [IL]	-
4. TYPE OF REPORT (Choose One)	10
(a) Quarterly Reports: (b) 12-Day PRE -Election Report for the:	
X April 15 Quarterly Report (Q1) Convention (12C) General (12G) Run Convention (12C) Special (12S)	off (12R)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) Election on State of	
January 31 Year-End Report (YE) (c) 30-Day POST -Election Report for the:	
General (30G) Runoff (30R) Spe	cial (30S)
Termination Report (TER) Election on in the State of	
5. Covering Period 01 01 2009 through 03 31 2009	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.	
Type or Print Name of Treasurer Stuart Sorinsky	
Signature of Treasurer Electronically Filed by Stuart Sorinsky Date 0 4 1 3	009
NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 4	37g.
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